



## **Seprafilm Application FAQs**

Following are several common Seprafilm application questions and answers, and Directions for General Use. For important safety information, please see [package insert](#).

- 1. Will Seprafilm still work if it cracks or breaks?**
- 2. How do I prevent Seprafilm from cracking?**
- 3. How do I prevent Seprafilm from sticking to my gloves?**
- 4. How do I prevent Seprafilm from sticking to unintended sites during application during entry into the abdominopelvic cavity?**
- 5. How should Seprafilm be prepared for the surgeon to make handling easier?**
- 6. Can I use Seprafilm if I plan to use a fish or malleable (visceral retainer) during closure?**
- 7. Where should I place Seprafilm and how much Seprafilm should I use?**

**1. Will Seprafilm still work if it cracks or breaks?**

Yes. Because Seprafilm turns into a gel within 24 hours, it is effective even if it cracks or breaks. For best results be sure to overlap the edges of all pieces, and cover all raw or denuded tissue surfaces.

**2. How do I prevent Seprafilm from cracking or breaking?**

While in some situations cracking or breaking may not be entirely avoidable, there are a few ways to reduce the likelihood that it will happen:

- Keep Seprafilm inside the Tyvek<sup>®</sup> holder until time of application to traumatized tissues.
- **In normal to humid geographic regions** remove Seprafilm from the outer foil envelope at the beginning of the procedure (but keep Seprafilm inside the polyolefin sleeve); this allows Seprafilm to absorb moisture from the air and become more pliant.
- **In dry geographic regions** keep Seprafilm inside the sealed, outer foil envelope until the time of application; this prevents Seprafilm from losing moisture to the air and becoming less pliant.

**3. How do I prevent Seprafilm from sticking to my gloves?**

To prevent Seprafilm from sticking to gloves, replace or dry your gloves – and any instruments that will come in contact with Seprafilm. Additionally, keep Seprafilm inside the Tyvek holder until adherence/application to traumatized tissue.

**4. How do I prevent Seprafilm from sticking to unintended sites during application?**

To prevent Seprafilm from sticking to unintended sites, keep Seprafilm inside the Tyvek holder until adherence/application to traumatized tissue. If Seprafilm comes into contact with an unintended site, it can be dislodged by applying standard irrigation solution.

**5. How should Seprafilm be prepared to make handling easier for the surgeon?**

Prior to application, the surgical technician or nurse may:

- Dry the surgeon's gloves and instruments that will be used for Seprafilm application.

- Prepare a dry sponge on a stick to aid in Seprafilm application.
- While the Seprafilm is still in the Tyvek holder, cut the film to fit the appropriate size and/or shape of the incision and application site; for small incisions, cut Seprafilm full sheets into two halves or quarters.
- Advance a portion of the film so a leading edge “peeks” out from the Tyvek holder.
- Retract and elevate the abdominal fascia to provide the surgeon with better access to the site of Seprafilm placement.

**6. Can I use Seprafilm if I plan to use a fish or malleable (visceral retainer) during closure?**

Seprafilm can be used with a fish/malleable by hydrating both the Seprafilm (after placement) and the fish/malleable (prior to insertion). Wetting both surfaces will help to prevent the Seprafilm from sticking to the fish/malleable when it is removed.

**7. Where should I place Seprafilm and how much Seprafilm should I use?**

Seprafilm can be placed on all adhesiogenic sites/traumatized tissues and organs within the peritoneal cavity. Allow sufficient overlap of individual Seprafilm Adhesion Barriers to ensure complete, continuous coverage of traumatized tissue surfaces.

**DIRECTIONS FOR GENERAL USE:**

1. Seprafilm Adhesion Barrier should be applied immediately prior to abdominopelvic cavity closure following laparotomy.
2. Seprafilm Adhesion Barrier must be kept dry prior to application.
3. The surgical field, especially desired site of application, should be as dry as possible. Thoroughly aspirate excess fluid.
4. Open the foil pouch immediately prior to application and drop the interior sterile polyolefin sleeve containing Seprafilm Adhesion Barrier on the dry sterile field.
5. Remove the holder containing Seprafilm Adhesion Barrier from the polyolefin sleeve.
6. Where applicable, cut membrane and holder with scissors to desired size and shape.
7. The membrane should be handled gently with dry instruments and/or gloves.
8. Expose 1-2 cm of the membrane through the open end of the holder.
9. When necessary, facilitate entry into the abdominopelvic cavity by slightly curving or arching the membrane/holder.
10. When applying, avoid contact with tissue surfaces until directly at site of application. If contact occurs, moderate application of standard irrigation solution may be used to gently dislodge membrane from unintended tissue surfaces.
11. Allow exposed Seprafilm Adhesion Barrier to first adhere to desired position on the tissue or organ by gently pressing the membrane down with a dry glove or instrument and then withdraw the holder.
12. Extend Seprafilm Adhesion Barrier sufficiently beyond the margins of incision and associated surgical trauma to achieve adequate coverage.
13. When necessary, lightly moisten membrane with standard irrigation solution to facilitate its coverage around the contours of tissues or organs.
14. Allow sufficient overlap of individual Seprafilm Adhesion Barriers to ensure complete, continuous coverage of traumatized tissue surface.

**AFTER PLACEMENT:**

1. Discard holder(s) following application.

2. Care should be taken not to disturb the Seprafilm Adhesion Barrier once it is placed on the tissue.
3. Do not suture the Seprafilm Adhesion Barrier in place.
4. Abdominopelvic cavity should be closed according to the standard technique of the surgeon.

If you have further questions regarding Seprafilm application or if you would like a product demonstration in your office or O.R., [click here](#) or call 1-800-261-1570.

Seprafilm<sup>®</sup> Adhesion Barrier is indicated for the reduction of post-surgical adhesions in patients undergoing abdominal or pelvic laparotomy. The type and frequency of adverse events reported are consistent with events typically seen following surgery when used as directed. Seprafilm should not be wrapped around an intestinal anastomosis as such usage may result in increased anastomotic leak related events. For important safety information, please see [package insert](#).

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